Project Status Description

Item: SAC 448023

County/State: Nacogdoches, TX Total Award Amount: \$211,800.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
				Approved by OMB
Mobility	Fund			OMB 3060-1185
	§54.1009 Annual Reporting		Avg. Burde	n Estimate per Respondent: 18 Hours
Data Col	ection Form			
<010>	Study Area Code	448024		
	Stady . II our services	Texas 10, LLC	_	
_<015>	Study Area Name			•
<020>	Program Year	2018		-Accepted / Filed
	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		· ·
	with questions about this data			JUN 2 9 2018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
			A STATE OF THE STA	
21,200,000				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/	<u>N)</u> <040>	•
10.10	<041> Attach a description of the documents fi		<041>	
	<042> Cite the Study Area Code (SAC) for the F	orm 481 reporting	<042>	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

JUJ CALHEL	Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
-010- C	itudy Area Code		448024	
	study Area Code		Texas 10, LLC	
-020> B	Program Year		2018 Chad Strausbaugh	
<030> C	Contact Name - Person USAC should contact regarding	ng this data	6105356474 ext.	
<035> C	Contact Name - Person O.S.A.C. Shumber of person iden Contact Telephone Number - Number of person iden Contact Email Address - Email Address of person iden	ntified in data line <030>	cstrausbaugh@cellonenation.com	
teporting C	arrier / Mobility Fund Phase 1 Winning Bidder			
	FCC Registration Number	17235110		
	Filing Carrier Name	Texas 10, LLC		
	Winning Bidder Carrier Name	Texas 10, LLC		
	Street Address (or PO Box)	900 West Valley Ro	ad, Suite 600	
	City	Wayne		
	State	PA		
	Zip-Code	19087		
	Telephone Number	6105356474 ext.		
	Fax Number	6106885209		
	Email Address	cstrausbaugh@cell	onenation.com	
	if same as above, indicate in this box	an a standardh		
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh Texas 10, LLC		
<121>	Filing Carrier Name		oad. Suite 600	
<121> <122>	Filing Carrier Name Street Address (or PO Box)	Texas 10, LLC	oad. Suite 600	
<121> <122> <123>	Filing Carrier Name Street Address (or PO Box) City	Texas 10, LLC	oad. Suite 600	
<121> <122> <123> <124>	Filing Carrier Name Street Address (or PO Box) City State	Texas 10, LLC 900 West Valley R Wayne PA	oad. Suite 600	
<121> <122> <123> <124> <125>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code	Texas 10, LLC 900 West Valley R Wayne PA 19087	oad. Suite 600	
<121> <122> <123> <124> <125> <126>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext.	oad. Suite 600	
<121> <122> <123> <124> <125> <126> <127> <127>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209		
<121> <122> <123> <124> <125> <126>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext.		
<121> <122> <123> <124> <125> <126> <127> <126> <127> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209		
<121> <122> <123> <124> <125> <126> <127> <126> <127> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		
<121> <122> <123> <124> <125> <126> <127> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix)	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		
<121> <122> <123> <124> <125> <126> <126> <127> <127> <128> Authorize <130>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		
<121> <122> <123> <124> <125> <126> <126> <127> <128> Authorize <130> <131>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box)	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		
<121> <122> <123> <124> <125> <126> <126> <127> <126> <127> <128> Authorize <130> <131> <132>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box)	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		
<121> <122> <123> <124> <125> <126> <127> <126> <131> <131> <131> <132> <133>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		
<121> <122> <123> <124> <125> <126> <127> <128> Authorize <130> <131> <132> <134> <134> <135>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State Zip-Code	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		
<121> <122> <123> <124> <125> <126> <127> <126> <127> <128> Authorize <130> <131> <132> <133> <134>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address ed Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company Street Address (or PO Box) City State Zip-Code Telephone Number	Texas 10, LLC 900 West Valley R Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cel		

(060) Cov	erage and Performance Report	Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
	Ci. A Avec Code	448024
<u><010></u> _	Study Area Code	Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	Chad Strausbaugh
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	
	448024_CPRd	TX.zip

Coverage and Performace attachments

FCC Form 690

State County Census Block Census Block by Service Service Block Reached Block See attached worksheet	State County Census Block Census Block by Service Service Service				Resident Population per	Resident Population Newly Reached	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance is uploaded (Yes/no)
See attached worksheet		State	County	Census Block	Census Block	by Service	Service	BIOCK	REBUILD		
					(See attach	ned works	heet			

Percentage of Total Percentage of Total Road Miles covered Population Reached by by Service Service

(070) Urban Rate Comparability Certification Compliance Approved by OMB OMB Control No. 3060-118	5
Page 4 of 8	

STANCESCO STAN	000000000000000000000000000000000000000	
		448024
<010>	Study Area Code	Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	Chad Strausbaugh
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	00014000000

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	titication of Officer of En	nployee as to Compliance with 47 CFF	1, 337.2007(a)(.)			
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.						
me of Reporting Carrier: Texas	10, LLC		06/20/2018			
nature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018			
inted name of Authorized Officer:	Chad Strausbaugh					
le or position of Authorized Officer:	Staff Counsel					
lephone number of Authorized Officer:	6105356474 ext.					
	448024	Filing Due Date for this form:	07/02/2018 et of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment			

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authoric certify that (Name of Agent)	ize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the stand data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	Date:
Signature of Authorized Officer or Employee:	
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	Filing Due Date for this form:
at the forms can be	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	1:
Certification of Agent Authorized to File	Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to sub data provided by the reporting carrier; and, to the best of my knowled	mit the certification on behalf of the reporting carrier; I have provided the data reported herein based on Ige, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	Date:
Signature of Authorized Agent or Employee of Agent:	
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	Filing Due Date for this form:
Study Area Code of Reporting Carrier:	ed by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

180) Triba	Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
	Ci. L. Avec Code	448024	
<010>	Study Area Code	Texas 10, LLC	
<015>	Study Area Name	2018	
<020>	Program Year Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<030>	Contact Telephone Number - Number of person identified in data line <030:		
<035> <039>	Contact Email Address - Email Address of person identified in data line <030	cstrausbaugh@cellonenation.com	
<142>	State		
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
<145>	Tribal Government Engagement Obligation Name of Attached Do	icument (.pdf)	
	If your company serves Tribal lands, please select (Yes, No, Not Applicable each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:) for Select	

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	
<015>	Study Area Name	448024 Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>		6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
10337	Contract Entern Actives	
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
	-	99999.20
<202>	Total Mobility Fund Support Awarded	
<203>	Total Mobility Fund Support Disbursed	99601.20
<210>	Actual Completion Date	07/09/2015
		448024 PSD TX.pdf
<211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	✓
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	*
<215>	Status of Network Deployment - Maintenance	✓
<216>	Project Budget Status	✓
<217>	Project Plan Status	✓
		_
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

FCC Form 690 Approved by OM OMB Control No. Page 7 of 8	

<010>	Study Area Code	448024
	Study Area Name	Texas 10, LLC
<015>_		2018
_<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

	Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients								
certify that I am an officer of the reporting carrier; my releast of my knowledge, the information reported on this	esponsibilities include ensuring the accuracy of the report form and in any attachments is accurate.	ting requirements for Mobility Fund reciplents; and, to the							
lame of Reporting Carrier: Texas 10, LLC									
ignature of Authorized Officer: CERTIFIED ONLI	NE	Date 06/29/2018							
Printed name of Authorized Officer:	ngh								
Title or position of Authorized Officer:	21								
Telephone number of Authorized Officer: 610535647	4 ext.								
Study Area Code of Reporting Carrier: 448024	Filing Due Date for this form:	07/02/2018							

06/29/2018 Page 7

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8	

<010>	Study Area Code	448024
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting callso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.								
Name of Authorized Agent:								
Name of Reporting Carrier:								
Signature of Authorized Officer:	Date:							
Printed name of Authorized Officer:								
Title or position of Authorized Officer:								
Telephone number of Authorized Officer:								
Study Area Code of Reporting Carrier:	Filing Due Date for this form:							

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re							
, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data eported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.								
Name of Reporting Carrier:								
Name of Authorized Agent Firm:								
ignature of Authorized Agent or Employee of Agent:		Date:						
lame of Authorized Agent Employee:								
itle or position of Authorized Agent or Employee of Agen	t							
elephone number of Authorized Agent or Employee of A	gent:							
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:							

Attachments

8				200	1.3		3.6	280		9.0	0.0	100	100		12	233		444		100	80		5	123		1	32	33	33	400
п	п		31	٧×		100	Αï	120	re	10	-		d)	м		-	м	74	ъ,	m	м	ш	c	æ	120	е	n	o	П	351
ı.	u	×	ж.	100	1	м.	u	v		45	7	- 1	M.	94	10		15	a.	au.	M.	23	87	19	900	64	100	10	dis.	0.7	92
ιű.	P	30	33.	30		44	33	24	33-1	400	34			3.1				U D					100		34	1		130		5.5

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448024
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

Certify that **Total Road** Coverage and **Road Miles** Miles Resident Total Resident Performacne per Census covered per Population Road Miles data is uploaded Resident Population per Census **Block Newly** Census Block Reached by Population per **Newly Reached** (yes/no) Reached Block by Service Census Block Service Census Block State County Yes Panola 0000 0.0 0 0 0.0 TX

> Percentage of Total Population Reached by Service

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448024

County/State: Panola, TX

Total Award Amount: \$99,999.20

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
1 .	- §54.1009 Annual Reporting			OMB 3060-1185
1.	lection Form		Avg. Burde	en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448025		
	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JÜN 292018
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		ederal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	_	
10.00				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<040>	•
	<041> Attach a description of the documents file	ad with the Form 481 reporting	<041>	
	NO412 Attach a description of the documents me	ed with the Form 401 reporting		
			.043	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448025	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year	is data	Chad Strausbaugh	
<030> <035>	Contact Name - Person USAC should contact regarding this Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Feephone Number Transfer of person identified	d in data line <030>	cstrausbaugh@cellonenation.com	
	Carrier / Mobility Fund Phase 1 Winning Bidder	17275110		
<110>		17235110		
<111>		Texas 10, LLC		
<112>		Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State P	PA		
<116>	Zip-Code 1	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellor	nenation com	
<120> <121> <122> <123> <124> <125> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number	Thad Strausbaugh Texas 10, LLC SOO West Valley Ros Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cello:		
	-			
Authorize	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>				
<136>				
<137>	Fax Number			
	Email Address			
<138>	Linen Address			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448025	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448025_CPR6	_TX.zip	

Coverage and Performace attachments

Percentage of Total Population Reached by

Service

State	County		Resident Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage ar Performand is uploaded (Yes/no)
State	County	CEII303 DIOCK	CENSUS DIOCK	by service					
						ļ	 		
	+			See attach	ed works	heet			
		-		JCC attack	OG WOMO				
								<u> </u>	
									+
-	-	+						<u> </u>	
	 	-					1		

Percentage of Total Road Miles covered

by Service

	FCC Form 690
(070) Urban Rate Comparability Certification Compliance	PCC FORM 050
19.74	
	Approved by OMB
	Approve of cities
	OMB Control No. 3060-1185
	Dana 4 of 0
	Page 4 of 8

<010>	Study Area Code	448025
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Er	mployee as to Compliance with 47 (CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448025	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

i certify that (Name of Agent) is authorized to submit the information reported on behalf of the report carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
lame of Authorized Agent:				
lame of Reporting Carrier:				
ignature of Authorized Officer or Employee:	Date:			
rinted name of Authorized Officer or Employee:				
itle or position of Authorized Officer or Employee:				
elephone number of Authorized Officer or Employee:				
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Authori	zed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	ized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or my knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	nt:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
-010s	Study Area Code		448035	
<010> <015>	Study Area Code Study Area Name		448025 Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified			
<039>	Contact Email Address - Email Address of person identifie	d in data line <03	0> cstrausbaugh@cellonenation.co	<u> </u>
<142>	State _			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves -			
<145>	Tribal Government Engagement Obligation	Name of Attached Do	ocument (.pdf)	
	If your company serves Tribal lands, please select (Yes, N each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	ne attached) for	
			Select (Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a focu community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements	ļ		
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes	•		
	·			
<153>	Compliance with Cultural Preservation review processes		l l	

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448025
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	99999.20
<203>	Total Mobility Fund Support Disbursed	99999.20
<210>	Actual Completion Date	07/13/2015
		448025 PSD_TX.pdf
<211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	√
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	√
<216>	Project Budget Status	✓
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	36 046
<210>	Metwork will support say4a Mobile service :) 3G () 4G

FCC Form 690	
(101) Certification - Reporting Carrier Approved by OMB	
OMB Control No. 3060-11	.85
Page 7 of 8	
, OSC - O-9	ALAREST AND AND ADDRESS.

<010>	Study Area Code	448025
		Texas 10, LLC
<015>	Study Area Name	2018
<020>	Program Year	2016
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<035>	Contact Telephone Number - Number of person identified in data life 1990	cstrausbaugh@cellonenation.com
<039>	Contact Email Address - Email Address of person identified in data line <030>	CSLIAUSDAUGHSCEITCHCHGETON

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients				
ing carrier; my responsibilities in eported on this form and in any a	clude ensuring the accuracy of the reporting requirement ttachments is accurate.	s for Mobility Fund recipients; and, to the		
10, LLC				
CERTIFIED ONLINE		Date 06/29/2018		
Chad Strausbaugh				
Staff Counsel				
6105356474 ext.				
448025	Filing Due Date for this form: 07/02/2018			
	ing carrier; my responsibilities in eported on this form and in any a 10, LLC CERTIFIED ONLINE Chad Strausbaugh Staff Counsel	ing carrier; my responsibilities include ensuring the accuracy of the reporting requirement eported on this form and in any attachments is accurate. 10, LLC CERTIFIED ONLINE Chad Strausbaugh Staff Counsel 6105356474 ext.		

06/29/2018 Page 7

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FCC Form 690	
(102) Certification - Agent / Carrier	
Approved by O	
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OMB Control N	
	36 Sept. 1987; 145 Sept. 14 Sept. 1887; 1887; 1887; 1887; 1887; 1887; 1887; 1887; 1887; 1887; 1887; 1887; 1887
Dava O al O	
Page 8 of 8	

<010>	Study Area Code	448025
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorize agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:	Date:			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

Certification of Agent Authoriz	ed to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
as agent for the reporting carrier, certify that I am author eported herein based on data provided by the reporting ca	ized to submit the reports for Mobility Fund recipients on behal rrier; and, to the best of my knowledge, the information report	f of the reporting carrier; I have provided the data ed herein is accurate.
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Age	nt:	
Cicphone number of natherized rigent of amproportion	Filing Due Date for this form:	

Attachments

(060) Co				***	DAMA	100
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in tenting out allowing	eller tusselmen	37 (4) (1) (1) (2) (3) (4) (4)	1000	27. 18. 18. 18.	S 400 FEW 25	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448025
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>		08/2017 - 07/2018

Certify that **Total Road** Coverage and Resident Total Resident **Road Miles** Miles Performacne Population Road Miles per Census covered per Population Resident data is uploaded Newly Reached by Service Reached by per Census Block Newly Census Block Population per (yes/no) Reached County Panola Service Block Census Block Census Block State 0000 Yes 0.0 0.0 0.0 TX

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0		
1		

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Project Status Description

Item: SAC 448025

County/State: Panola, TX

Total Award Amount: \$99,999.20

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Eurod			Approved by OMB
	- §54.1009 Annual Reporting			OMB 3060-1185
			Avg. Burde	n Estimate per Respondent: 18 Hours
Data Col	lection Form			
<010×	Study Area Code	448026		
	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 2 9 2018 —
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
200000000000000000000000000000000000000				
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N	<u>u)</u> <040> O	\odot
	<041> Attach a description of the documents fi	lod with the Form 481 reporting	<041>	
	<041> Attach a description of the documents fi	led with the Form 401 reporting		ì
			1	ļ.
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
	Cite the study rived code (error to size)	, ,		
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	over tribal lands? Yes or No)	\mathbf{O}	lacktriangle
			_	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carri	er Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
		A COUNTY OF THE	THE STATE OF THE S	
<010>	Study Area Code		448026	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year	ic data	2018 Chad Strausbaugh	
<030> <035>	Contact Name - Person USAC should contact regarding the Contact Telephone Number - Number of person identified	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	d in data line <030>	cstrausbaugh@cellonenation.com	
	Carrier / Mobility Fund Phase 1 Winning Bidder	18025110		
<110>	,	17235110		
<111>	•	Texas 10, LLC		
<112>		Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Ro	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>		6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Fmail Address	cstrausbaugh@cello	- matrice gom	
	-	cactadabadgiiscerro		
Contact II	nformation			
	if same as above, indicate in this box ✓			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		
<121>	Filing Carrier Name	Texas 10, LLC		
<122>		900 West Valley Roa	ad Suite 600	
<123>		Wayne		
	•	PA		
<124>	•			
<125>	· · ·	19087		
<126>	•	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cello	nenation.com	
Authorize	ed Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>				
<134>	State _			
	_			
<135>				
<136>				
<137>				
<138>	Email Address			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448026	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2017 - 07/2018		
	448026_CPRd	_TX.zip	

Coverage and Performace attachments

141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
					Resident Population Newly Reached	Total Resident Population Reached by	per Census	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	State	County	Census Block	Census Block	by Service	Service	Block	Keached	BIOCK	
		 								
		 								
				;	See attach	ed works	heet			
								ļ		
							 	 		
					 	ļ	 	 		
	<u> </u>		 							
	-		<u> </u>	<u> </u>						
				0				0		
		Populatio	tage of Total on Reached by Service	į		Percentage Road Miles by Serv	covered			

	12015
(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8	

<010>	Study Area Code	448026
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

		nployee as to Compliance with 47 (
certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my respo	onsibilities include ensuring compliance v	with 47 CFR §54.1009(a	(4), the information reported on thi
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018
rinted name of Authorized Officer:	Chad Strausbaugh			
itle or position of Authorized Officer:	Staff Counsel			
elephone number of Authorized Officer:	6105356474 ext.			
tudy Area Code of Reporting Carrier:	448026	Filing Due Date for this form:	07/02/2018	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	thorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting he reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the reports and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form ca	in be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to	File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am authorized to data provided by the reporting carrier; and, to the best of my kno	submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or wledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Name		448026 Texas 10, LLC	
<015> <020>	Study Area Name Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding th	his data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identific	ed in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached Docu	iment (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the Tgovernment pursuant to § 54.1004 includes:	the attached	or	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;		Select es, No, Not Applicable)	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>				

<152> Compliance with Environmental Review processes
<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448026	
<015>	Study Area Name	Texas 10,	LLC
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Stra	usbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	610535647	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausba	augh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16	6/2013
<201>	Targeted Completion Date	08/1	7/2015
<202>	Total Mobility Fund Support Awarded	9999	5.46
<203>	Total Mobility Fund Support Disbursed	9520	6.79
<210> <211>	Actual Completion Date Project Status Description (attached)		16/2015 026_PSD_TX.pdf
(211)		{Nai	me of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.		- -7
<212>	Status of Network Deployment - Network Design	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<213>	Status of Network Deployment - Construction	\ \frac{}{\cdot}	_
<214>	Status of Network Deployment - Deployment	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<215>	Status of Network Deployment - Maintenance	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<216>	Project Budget Status	<u> </u>	
<217>	Project Plan Status		
<218>	Network will Support 3G/4G Mobile Service ?	3 G	O 4G

(101) Certi	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448026
	Study Area Name	Texas 10, LLC
<015>		2018
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

	to the Mahilian Fund recipionts; and to the
certify that I am an officer of the reporting carrier; my responsibiliti sest of my knowledge, the information reported on this form and in a	es include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the any attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date 06/29/2018
Printed name of Authorized Officer: Chad Strausbaugh	
Fitle or position of Authorized Officer:	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448026	Filing Due Date for this form: 07/02/2018

06/29/2018 Page 7

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448026
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; m agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting carrier. The responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized add data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.						
Name of Reporting Carrier:						
Name of Authorized Agent Firm:						
Signature of Authorized Agent or Employee of Agent:		Date:				
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Agen	t					
Telephone number of Authorized Agent or Employee of A	gent:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
	can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	334, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				

Attachments

Incot c-			on Damari
IIIIMIII LO	verage and r	enoma	ICE REDUIT
A STORY COST ASSESSMENT	verage and P	1 THE PROPERTY OF STREET	

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448026
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d>></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	Robertson	0000	0	0	0	0.0	0.0	0.0	Yes
TX				0	U	0.0	0.0		
								3	
								<u> </u>	

Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448026

County/State: Robertson, TX Total Award Amount: \$99,995.46

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

				FCC Form
Mobility	Fund			Approved by OMB
Phase 1	- §54.1009 Annual Reporting			OMB 3060-1185
Data Co	llection Form		Avg. Burden	Estimate per Respondent: 18 Hours
<010>	Study Area Code	448028		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2018		JUN 2 9 2018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	***	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(N) <040> (041>	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area covered to the stu	er tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448028	
<015>	Study Area Name	· · · · · · · · · · · · · · · · · · ·	Texas 10, LLC	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identified		6105356474 ext.	
	Contact Email Address - Email Address of person identifie	ed in data line <u3u></u3u>	cstrausbauqh@cellonenation.com	
_	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10,_LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	d, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code 1	19087		
<117>	Telephone Number	6105356474 ext.		· · · · · · · · · · · · · · · · · · ·
<118>	Fax Number	6106885209	-	
<119>	Email Address -	cstrausbaugh@cellone	enation com	'
<120> <121> <122> <123> <124> <125> <126> <127> <128>	Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Fax Number Fax Number	Chad Strausbaugh Cexas 10, LLC CON West Valley Road Cayne A 9087 105356474 ext. 106885209 strausbaugh@cellone		
Authorized	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)	- <u>-</u>		
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			V
<135>	Zip-Code			
<136>	Telephone Number	···		
<137>	Fax Number			
<138>	Email Address			
-100-				

(060) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	448028
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

448028_CPRd_TX.zip

Coverage and Performace attachments

<a1> <a2> <a3> <b1> <b2> <c1> <c2> <c3> <d>> <141> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population per Block per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-118 Page 4 of 8

<010>	Study Area Code	448028
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or E	mployee as to Compliance with 47 CFR §54.1009(a)(4)	
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/29/2018	
Printed name of Authorized Officer:	Chad Strausbaugh			
Fitle or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
itudy Area Code of Reporting Carrier:	448028	Filing Due Date for this form: 07/02/2018		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier is authorized to submit the information reported on behalf of the reporting			
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer or Employee:	Date:			
Printed name of Authorized Officer or Employee:				
Title or position of Authorized Officer or Employee:				
Telephone number of Authorized Officer or Employee:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment e 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:	*			
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Ager				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

(080) Trib	al Lands Reporting			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448028	
<015> <020>	Study Area Name Program Year		Texas 10, LLC	
<030>	Contact Name - Person USAC should contact regarding	this data	2018 Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif			om
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves		, p	White are
<145>	Tribal Government Engagement Obligation			
		Name of Attached I	Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, I		e) for	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:	i ibai		
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements		******	
<151>	Compliance with Facilities Siting rules			

<152> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

<153>

(090) Project	: Update Information	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
040		
<010>	Study Area Code	448028
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	100000.32
<203>	Total Mobility Fund Support Disbursed	95520.00
<210>	Actual Completion Date	08/06/2015
<211>	Project Status Description (attached)	448028_PSD_TX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	,
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u></u>
<216>	Project Budget Status	7
<217>	Project Plan Status	<u> </u>
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
---	--

<010>	Study Area Code	448028
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Texas 10, LLC Name of Reporting Carrier:

CERTIFIED ONLINE Signature of Authorized Officer:

Date 06/29/2018

Printed name of Authorized Officer: Title or position of Authorized Officer: Chad Strausbaugh Staff Counsel

448028

6105356474 ext.

Telephone number of Authorized Officer:

Filing Due Date for this form: 07/02/2018 Study Area Code of Reporting Carrier:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448028
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the repo	orting carrier. I						
lso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.								
agent; and, to the best of my knowledge, the reports and	a provided to the authorized agent is accurate.	ļ						
Name of Authorized Agent:								
Name of Reporting Carrier:								
Signature of Authorized Officer:	Date:							
Printed name of Authorized Officer:								
Title or position of Authorized Officer:								
Telephone number of Authorized Officer:								
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	•						

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier							
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.									
Name of Reporting Carrier:									
Name of Authorized Agent Firm:									
Signature of Authorized Agent or Employee of Agent:		Date:							
Name of Authorized Agent Employee:									
Title or position of Authorized Agent or Employee of Agen	t								
Telephone number of Authorized Agent or Employee of A	gent:	*****							
Study Area Code of Reporting Carrier:	Filing Due Date for this form:								

Attachments

						36												

<141>

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448028
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2017 - 07/2018

<a1></a1>	<82>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<e1></e1>	<¢2>	<d>></d>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
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Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2017 – July 2018

Project Status Description

Item: SAC 448028 County/State: Rusk, TX

Total Award Amount: \$100,000.32

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

Mobility	Fund - §54.1009 Annual Reporting			FCC Form Approved by OMB OMB 3060-1185
i e	lection Form		Avg. Burden Estir	mate per Respondent: 18 Hours
<010>	Study Area Code	448029		Accepted / Filed
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2018		JUN 292018
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
0.0560056005				Configuration (Section 2019) Configuration (Section 2019) Section (Section 2019)
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(/N) <040>)
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area covered to the stu	er tribal lands? Yes or No)	0 @)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448029	
<015>	Study Area Name	, mts	Texas 10, LLC	
<020>	Program Year		2018	=:-
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identification Contact Email Address - Email Address of person identification identification in the Contact Email Address - Email Address of person identification in the Contact Email Address - Email Address of person identification in the Contact Email Address - Email Address of person identification in the Contact Email Address - Email Address of person identification in the Contact Email Address - Email Address of person identification in the Contact Email Address - Email Address - Email Address of person identification in the Contact Email Address - Email Address - Email Address of person identification in the Contact Email Address - Email Addres		6105356474 ext.	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		cstrausbaugh@cellonenation.com	
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	900 West Valley Roa	ad, Suite 600	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		_
<119>	Email Address	cstrausbaugh@cellon	nenation.com	
<120> <121> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 900 West Valley Road Wayne PA 19087 6105356474 ext. 6106885209 cstrausbaugh@cellond		
<130> <131>	d Agent Information if no agent, indicate in this box Name (First, MI, Last, Suffix) Company	400, -04-344		
<132>	Street Address (or PO Box)			
<133>	City _			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address	-		
	-			u - v

(060) Coverage and Performance Report Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8

<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2017 - 07/2018	

	448029_CPRd_TX.zip
Coverage and Performace attachments	

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	_ <c2></c2>	<c3></c3>	<d>></d>
							Road	Road	Certify that
						Road	Miles per	Miles	Coverage and
			Resident				Census		Performance data is uploaded
			Population per	Newly Reached	Reached by	Census	Newly	Census	(Yes/no)
State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
		-	8	<u>see attach</u>	ed worksi	<u>neet</u>			
							1		
		-							
							-		
	State	State County		State County Census Block Census Block S	State County Census Block Census Block by Service See attach	Resident Population per State County Census Block Census	Resident Population Po	Resident Population Po	Resident Population Po

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

Approved by OMB OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	448029
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)						
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.						
Name of Reporting Carrier: Texa	s 10, LLC					
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/29/2018		
Printed name of Authorized Officer:	Chad Strausbaugh	,				
Title or position of Authorized Officer:	Staff Counsel					
Telephone number of Authorized Officer:	6105356474 ext.					
Study Area Code of Reporting Carrier:	448029	Filing Due Date for this form:	07/02/2018			
		y fine or forfeiture under the Communications 18 of the United States Code, 18 U.S.C. § 1001		502, 503(b), or fine or imprisonment		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting					
	orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the				
uthorized agent; and, to the best of my knowledge, the repor	and data provided to the authorized agent is accurate.				
lame of Authorized Agent:					
lame of Reporting Carrier:					
ignature of Authorized Officer or Employee:	Date:				
rinted name of Authorized Officer or Employee:					
itle or position of Authorized Officer or Employee:					
elephone number of Authorized Officer or Employee:					
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	ized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of r		carrier; I have provided the data reported herein based or te.
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Age	ent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

(080) Triba	il Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448029	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2018	
<030> <035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif		Chad Strausbaugh	
<039>	Contact Telephone Number - Number of person identification of person id			
<142>	State		CSCIALSPANNISCELIVICIALIVII	
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached	l Document (.pdf)	
	If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes:	the attached	ole) for	
<146>	Needs assessment and deployment planning with a fo community anchor institutions;	cus on Tribal	Select (Yes, No, Not Applicable)	
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	3 5		
-100	Compliance with cultural Frederical Frederical Processe		1	

<154> Compliance with Tribal Business and Licensing requirements.